

Fayette County Parks and Recreation Department

Summer 2010 Adult Coed Kickball League Registration Form



Please print all information legibly.

_____ Regular Coed Division

_____ Educator Coed Division (4 or more school employees)

Team Name: _____

Coach's Name: _____

Street Address: _____

City/Town: _____ **Zip:** _____

Phone: H) _____ **W)** _____

C) _____ **Fax)** _____

E-mail Address: _____

Assistant Coach's Name: _____

Phone: H) _____ **C)** _____

E-mail Address: _____

Special Scheduling Requests: _____
(We will try to accommodate special requests made at this time only.
However, we can not make changes after the schedule has been set.)

For Office Use Only:

For Coordinator Use Only:

Amount Rcvd: _____ Date: _____

Cash/Check: _____ Initials: _____

League Fee: _____ NR Fees: _____